application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I** SMALL ENTITY SMALL ENTITY (Column 2) TYPE [OR (Column 1) NUMBER EXTRA **NUMBER FILED** FEE FOR RATE NAME OF THE PERSON OF THE PERS 345.00 OR **BASIC FEE** 9 minus 20= X\$18= X\$ 9= **TOTAL CLAIMS** OR minus 3 = INDEPENDENT CLAIMS X39= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** SMALL ENTITY SMALL ENTITY OR (Column 2) (Column 3) (Column 1) HIGHEST ADDI-CLAIMS NUMBER REMAINING PRESENT ⋖ TIONAL RATE PREVIOUSLY **EXTRA AFTER** AMENDMENT FEE AMENDMENT PAID FOR X\$ 9= ગ્રદ્ય Minus OR Total Minus Independent X39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR TOTAL -21-03 OR ADDIT. FEE ADDIT, FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-REMAINING NUMBER PRESENT 8 TIONAL RATE PREVIOUSLY **EXTRA** AFTER AMENDMENT FEE PAID FOR AMENDMENT Minus X\$ 9= Total OR Minus independent X39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR TOTAL ADDIT, FEE ADDIT. FEE

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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)

CLAIMS

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^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot; If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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TOTAL

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OR

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a confedion of information unless it displays a valid OMB chitrol number Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) eccRATE 111 NUMBERFILED NUMBER EXTRA RATE: FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS 2.3 x s OR (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS OR X S (37-CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT. (37 CFR 1.16(d)) OR TOTAL TOTAL "If the difference in column 1 is less than zero, enter "0" in culimin 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Colonia 3) Column 1) (Column 2) CUARAS HIGHEST 1007 RATE ADDI. era seat RATE. REMAILING 120330000 HORAL TIONAL EXTRA AFTER PREVIOUSEY FEE eeePAIDFOR ä Minus ENDM I of al OR (37 CFR 1.16(c)) 258. oc Independent (31 CFR 1.16(b)) Minus ÓR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(8)) OR + 5 IATOT TOTAL OR ADO'L FEE ADD'L FEE (Column-3) (Column 1) (Column 2) CLAIKS HIGHEST RATE ADDI-ADDI: PRESENT RATE NUMBER REMAINING TIONAL TIONAL PREVIOUSLY EXTRA AFTER rcr. FEE PAID FOR AMENDMENT ũ Total (ar cressaga) Minus 20 :OR Z Minus OR OR FIRST PRESENTATION OF MULTIPLE DEPCNDENT CLAIM (27 CFR 1,16(8)) IATOT TOTAL ADD'L FEE OR: ADD'L FEE (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST ADDI-RATE ADDI: PRESENT RATE \odot REMAINING NUMBER TIONAL TIORAL ENT AFTER **EXTRA** PREVIOUSLY FEE FEE PAID FOR AMENDMENT Total Minus OR X \$ (37 CFR 1.16/cl) END Minus OR X 1 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

" If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20".

"If the 'Highest Number Previously Paid For IN. THIS SPACE is less than 3, enter 3.

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTG. Time will vary depending upon the individual case. Any comments are the amount of time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Today of Officer U.S. Patent of of and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1430, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

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CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER SMALL E	
FOR NUMBER FILED			-ILED	NUMBER	EXTRA		RATE.	CCC		RAIC -	111
SIC F	CE 1.16(a))							s	90		\$.
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B		CLAIMS REMAINING AFTER AMENDMENT .		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<u>}</u>	RATE	ADDI- TIONAI PER
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on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria; VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.